
N-FOCUS Major Release

MLTC

July 12, 2015

A Major Release of the N-FOCUS system is being implemented July 12, 2015. This document provides information explaining new functionality, enhancements and problem resolutions made effective with this release. This document is divided into four main sections:

General Interest and Mainframe Topics: All N-FOCUS users should read this section.

Electronic Application: N-FOCUS users responsible for case activity received through the Web based Electronic Application should read this section.

Developmental Disabilities Programs: N-FOCUS users who work directly with DD programs and those who work with the related Medicaid cases should read this section.

Note: This section will only appear when there are tips, enhancements or fixes specific to Development Disabilities Programs.

Expert System: All N-FOCUS users with responsibility for case entry for AABD, ADC Payment, SNAP, CC, FW, IL, MED, and Retro MED should read this section.

Note: When new functionality is added to N-FOCUS that crosses multiple topics (ie General Interest and Mainframe, Alerts, Correspondence, Expert System etc) the functionality will be described in one primary location. This location will usually be the General Interest and Mainframe section or the Expert System section. Alerts, Work Tasks and Correspondence that are part of the new functionality will be documented in both the primary location that describes the entire process and in the Alerts, Work Tasks and Correspondence sections.

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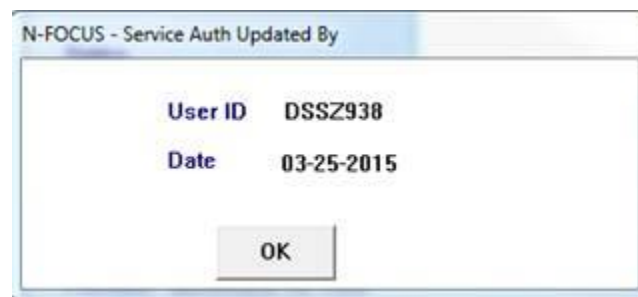
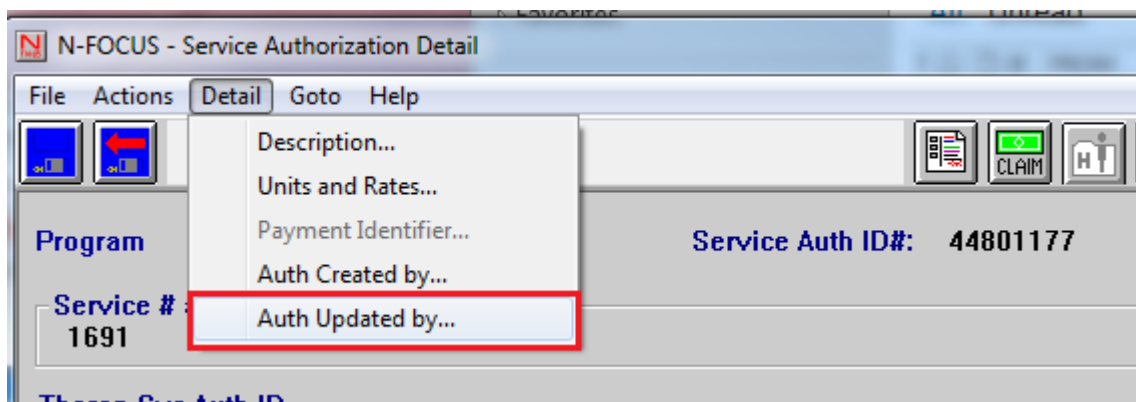
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General Interest and Mainframe

Service Authorization Audit History (New)

With this release you will be able to view who last updated the Service Authorization. To do so, click Detail>Auth Updated by... The Service Auth Updated By pop up will display the User ID and date the Service Authorization was most recently updated.



Organization Provider Screening and Enrollment (Change)

The Affordable Care Act (ACA) requires a screening and enrollment process for all providers approved to provide Medicaid-related services. To meet the new requirements the MLTC Division has contracted with a company, Maximus, to perform the screening and enrollment process for N-FOCUS providers.

In preparation for Medicaid Provider Screening and Enrollment, which will implement at a later date, changes have been made to Detail Organization windows and the process of setting up Organizations and Service Approvals for Medicaid services. An ORG/Provider in N-FOCUS will be designated as a 'Medicaid ORG' when the provider will be providing Medicaid services through one of the DD Waivers, AD Waiver, or PAS programs. An ORG/Provider who will be

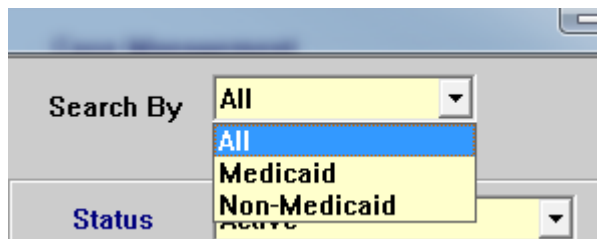
providing both Medicaid services and non-Medicaid services, e.g. PAS and SSAD Chore, will be added as two separate ORG's, one which will have the non-Medicaid service approvals and the ORG designated as the 'Medicaid ORG' will have the Medicaid service approvals.

When the full PSE project implements, there will be an interface between the Maximus Decision Point provider enrollment system and N-FOCUS. All 'Medicaid ORGs' will be added via the interface. Until then, RD workers will need to designate an ORG/Provider that will be approved for Medicaid services.

Window Changes:

The following window changes are effective with this release:

- The Search Organization window now has a Search By dropdown
- ALL displays both Medicaid and Non-Medicaid Organizations
- Medicaid will display only Medicaid Organizations
- Non-Medicaid displays only Non-Medicaid Organizations



The Detail Organization window has new fields:

- Medicaid Decision Point ID #
- Checkbox for Medicaid Only Organizations

Note: Until Provider Screening and Enrollment (PSE) starts, the Medicaid Decision Point ID # number will be blank. The Medicaid Only indicator is set by an RD worker when creating a new Medicaid only ORG, or updating an ORG that provides only Medicaid-related services.



Process Changes:

When a new ORG/provider for Medicaid related services is added by RD, the Medicaid Only checkbox must be marked. If it is not, Medicaid related services cannot be approved for the provider.

For existing ORGs containing both Non-Medicaid and Medicaid Service Approvals, the Medicaid Only checkbox cannot be marked. If the provider is requesting to provide new Medicaid related services, the worker must manually split the ORG into two Organizations; one for Non-Medicaid Services and the other for Medicaid Related Services.

The existing Medicaid related Service Approvals must be closed in the original ORG. This will close all Service Authorizations related to the Service Approval.

Create a new ORG and check the Medicaid Related box. The new ORG will have the same provider, tax, and payment method information as the original. Add the Service Approvals for Med related services that were in the original ORG along with the new Service request.

All Service Authorizations associated with the original ORG must also be created for the new ORG.

Organizations with Service Approvals only for non-Medicaid services will have no changes in the process of adding new Service Approvals for non-Med services.

Creating and Managing Medicaid Only ORGs

Select RD staff have been designated by program and management to have a new security access profile in NFOCUS that allows them to create Medicaid-only Orgs. This is the first phase in the Medicaid Provider Screening and Enrollment transition to Maximus. RD staff granted this special security access have a unique responsibility and must use the utmost caution to ensure first the preservation of Non-Medicaid Orgs and then avoidance of creating duplicate Medicaid Orgs.

RD staff will have a significant role in this transition and a role continuing after full implementation.

Medicaid Orgs may have service approvals assigned to DHHS RD, the League of Human Dignity and any of the Area Agencies on Aging. A successful transition requires an accurate data base of provider organizations that will eventually be transferred into the Maximus DecisionPoint data management system. **There can be only one Medicaid-only Org.** All service approval information must be contained in the one Medicaid-only Org including any services entered by DHHS, League or AAA RD staff. Communication and cooperation between all assigned service approval RD staff is essential. Please refer all questions and concerns to Mike Baumfalk and the DHHS Medicaid PSE Project @ DHHS.MedicaidPSEProject@nebraska.gov

To create and manage a Medicaid Only ORG, follow these steps:

Note: The * indicates New steps.

1. After properly interviewing and screening a potential provider, RD will first do a thorough search for any existing Org in NFOCUS

2. * RD should search in a variety of ways including by Social Security Number, Last Name only and any other known name(s)
3. * RD should search using the person search icon as well as the organization icon
4. * Only after confirming the provided does not exist in NFOCUS should RD take steps to create the new Medicaid-only Org.
5. * The July NFOCUS release notes will guide RD through the process of designating the new Org as a Medicaid-only Org.
6. RD should add tax detail and payment method in the usual manner
7. Once RD has detailed the Org, the service approval detail should be completed for the designated Medicaid program and selected service types
8. RD should assign the service approval as is customary and add rates (except for DD services) and other detail including preprint frequency
 - a. * **It is especially important to note that for all DD providers, no rate information should be added.** Rate fields should remain blank as in the new DD system rates will be controlled by the consumer and through the authorization process.
9. Also important is to use the referral function to designate if the provider is willing to serve other clients
 - a. Select Yes if the provider wishes to go on referral and No if not
10. When Org is complete, RD should notify the assigned Medicaid worker to do the service authorization

Adding Medicaid Services to an Existing ORG

NFOCUS has identified 1143 current Orgs who have both Medicaid and Non-Medicaid service approvals. Orgs with both are referred to now as crossover Orgs. If there are no referrals to add new services to any of the cross over Orgs, no changes to service approvals or service authorizations need to occur. Services and Payments will continue for each cross over provider. A list of crossover Orgs is available.

If RD gets a referral to add a Medicaid service to a crossover Org, a new Medicaid-only Org will need to be created and existing Org preserved with all Non-Medicaid service approvals and authorizations left intact. Any existing Medicaid service in a crossover Org will need to be closed.

When adding a service to a crossover ORG, RD will follow these steps:

Note: The * indicates New steps.

1. Carefully check the existing Org for all active Medicaid service approval information
2. All existing Medicaid service approvals as well as the new Medicaid service will need to be recreated and added to the new Medicaid-only Org. This includes service approval information assigned to any other RD including League and AAA RD staff
3. RD will follow the guidance in the July NFOCUS release notes to create a new Medicaid-only Org
4. RD will follow the normal procedure to detail the new Medicaid-only Org screen

5. * RD will then create a new Medicaid service approval with all existing and new Medicaid-only services
6. RD should assign the service approval as is customary and add rates and other detail including preprint frequency.
 - a. * **It is especially important to note that for all DD providers, no rate information should be added.** Rate fields should remain blank as in the new DD system rates will be controlled by the consumer and through the authorization process.
7. Also important is to use the referral function to designate if the provider is willing to serve other clients
 - a. Select Yes if the provider wishes to go on referral and No if not
8. * RD should now go back to the existing Org and close the Medicaid service approvals
9. * RD will need to ensure no Non-Medicaid services are closed in the process
10. * If both a Medicaid and Non-Medicaid service is on the same service approval line, RD should end date the Medicaid service, but leave the service approval with Non-Medicaid services open
11. * If the Medicaid service is the only service on the service approval, the entire service approval can be end dated
12. * Closing the Medicaid service approvals will also close the related service authorizations
13. * It is imperative that RD note the assigned Medicaid worker(s) and notify them of the need to re-create the service approval in the new Medicaid-only Org
14. * There may be more than one assigned Medicaid worker and could include a PAS SSW, a DHHS SC, a League SC or a AAA SC. All must be notified promptly
15. RD should also notify the Medicaid worker for the new service as well so an authorization can be created.

OnBase (Change)

All N-FOCUS related Providers and Organizations with the exception of Medicaid are now required to complete their billing online.(CC, EA, SNAP, CFS, and CC) You will notice several changes within the Service Approval/Provider Detail window in order to create the claim lines in OnBase and then to the ECM portal for the providers to submit their billing.

Preprint Indicator

With all NEW ORG/Providers, you will need to select one of the following Preprint Options on the Service Approval/Provider Detail window:

- Electronic will need to be selected for all providers who are now required to do their billing online. This includes notices and claim lines.



Preprint

☒ Electronic ☐ Paper ☐ N/A

- Paper will be selected for a limited few providers who have met criteria determined by the specified policy staff to continue to receive paper pre-prints and submit their billing via mail.
- N/A will default all processes (claims and notices) as they were prior to the release. EX: If currently receiving Electronic Claims and Service Auths, will remain Electronic.

Note: As of the July Release all existing providers will have their preprint indicator set automatically therefore users will not need to update these.

Only users with specified security will be able to update or change the Preprint Indicator once it has been set.

New Preprint Frequency Type

A new Preprint frequency will be available with the July release. The Occurrence selection is for providers who are onetime or occurrence related billers. Examples: Occurrence, One Way, etc.

The screenshot shows a web form for 'Service Type'. The 'Id' is 3773 and the 'Name' is 'TRANS FAMILY VISITATION'. The 'Program' is 'CHILDREN AND FAMILY SERVICES/MEDICAID'. Under the 'Preprint' section, 'Electronic' is selected. The 'Preprint Frequency' dropdown is highlighted with a red box and set to 'Occurrence'. Other options include 'Paper', 'N/A', 'Automatic Claims', and 'Hold Authorizations'. The 'Accepts Referrals' dropdown is set to 'Yes'. The 'Provider Details' section shows 'Type' as '(NONE)' and buttons for 'Rates...' and 'Approval Items...'.

Provider Enrollment Letters/ PIN Generation

When the provider Preprint selection is set to Electronic, N-FOCUS will create a PIN specific to the provider. This creates a Registration Letter that is sent out in the mail to the provider for them to create their account online.

Once a PIN is validated in the ECM portal its status will be set to ACTIVE.

The screenshot shows a 'PIN Details' form. The 'PIN' is 16227926. The 'Status' is 'ACTIVE', which is highlighted with a red box. There is a 'Clear PIN' button. Below the status, it shows 'Status Reason', 'Status Begin Date' as 07-01-2015, and 'Last Modified By' as SYSTEM.

If the provider needs a new PIN, as long as the status is ACTIVE, users with appropriate security can clear the PIN which will prompt a new letter with a PIN to be sent to the provider.

OnBase Correspondence Sent (Change)

OnBase will store and then process the printing of correspondence that goes out in the mail for correspondence created by N-FOCUS. The following types of correspondence are included in this process:

- Service Authorization for Client and Provider
- Notices of Discontinued Service
- Registration Letters (containing the PIN information)
- Claims (paper and electronic preprints)

CHARTS Referral (Change)

When creating a CHARTS Referral for a person who is not part of a Program Case that is usually referred, the message has been changed to the following:

<Person Name> - Is not in active status in a CHARTS referable program or pending in a Child Care Program.

ACCESSNebraska Change Report (Change)

The ACCESSNebraska Change Report is now available in PDF form.

<i>Report Changes</i>	
Nebraska Department of Health and Human Services	
Confirmation #:	63846235
Name:	sally jones
Person who reported the change:	sally jones
Name of Agency or Company:	
Contact Information:	
Address:	
Phone Number:	
Email Address:	
Date Change Reported:	05/29/2015
Contact Information	
Who lives at the new address?	
Date of Move	05/15/2015
New Address	
New Mailing Address (if different than your new address)	
New Phone Number	(402)555-1452 Cellular
New Email Address	
Comments:	cell phone update
Pregnancy Summary	
Who is pregnant?	mary jones

Delete PIN for Client Deceased 14 Months (New)

With the July release, N-FOCUS will be reviewing the Date of Death (DOD) field and will delete any PIN assigned to a client who has been deceased for 14 months.

Note: A PIN will not be assigned if a Date of Death is present for the client.

Clear PIN When Disabled Status Changes (Change)

If a client requests their PIN be disabled due to a security concern, and then they feel the security concern no longer exists, the client may request the PIN be restored. Previously, in this situation we would have simply Enabled the existing PIN. With this release, instead of enabling the previous PIN, we will now remove (Clear) the previous PIN and provide a new PIN for the client.

To Disable the PIN and provide a new PIN for the client follow these steps:

1. From the Detail PIN Management window, select Actions>Enable PIN.
 - The following message will display

This action will enable the PIN creation process. The current PIN will be cleared and a new PIN will be created in the overnight batch process if PIN eligibility criteria is met. If the email on NFOCUS is current, a new PIN request can be made online and the PIN can be received immediately. If a client does not currently have a valid email address in the system but wants to add one for this process, they must enter it prior to the online request or they will have to wait for the PIN letter to arrive in the mail. Depending on the status of the account prior to the PIN being Disabled (Inactive or Active), a new ACCESSNebraska account may need to be created. Do you want to continue?

2. Click Yes
 - The PIN will Clear and a new PIN will be provided to the client overnight

DMV Interface Search Criteria (Change)

The County of Vehicle Registration is now available in order to narrow the search criteria when conducting a Vehicle search.



1. From the Interface Menu window select the DMV icon.

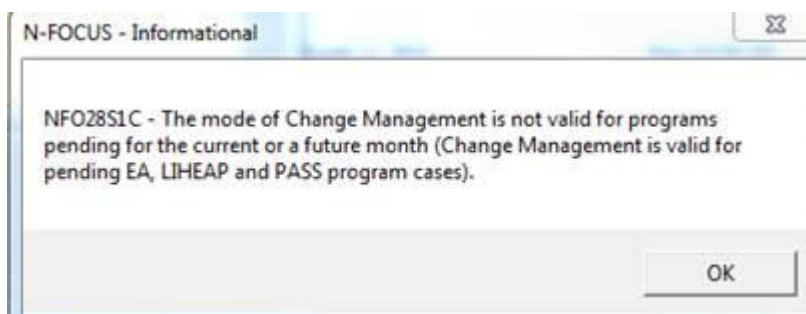
The Search Driver License/Vehicle window displays.

2. To narrow your search from name only, change the Search Type from Driver License to Vehicle.
3. Select the County Registration.
4. Click Search.

A screenshot of the 'N-FOCUS - Search Driver License/Vehicle' window. The window has a title bar and a main content area. At the top, there is a 'Search Type' section with two radio buttons: 'Driver License' and 'Vehicle'. The 'Vehicle' radio button is selected. Below this, there is a 'Person' section with fields for 'Last Name' (SMITH), 'First Name' (BOB), and 'Birth Date'. To the right of these fields is a 'Gender' section with three radio buttons: 'All', 'Female', and 'Male'. Below the 'Person' section is a 'County of Registration' dropdown menu, which is currently set to 'Polk'. Below this, there is a '- OR -' separator, followed by a 'Driver License Number' field. Another '- OR -' separator follows, then a 'Business' section with a 'Name' field. A third '- OR -' separator follows, then a 'Vehicle' section with a 'Vehicle Identification Number (VIN)' field and a 'Plate Number' field. At the bottom of the window are four buttons: 'Search', 'Clear', 'Cancel', and 'Help'. In the bottom right corner, there is a status bar that reads 'N-FOCUS - Test Date 08-02-2015 13:30'.

Changing Mode to Change Management (Change)

The mode of a program case cannot be switched to Change Management when the program case is currently pending or is pending for a future month (exceptions are noted in the message). You will receive this message if you attempt to change the mode. When this message is received, re-evaluate the program case and mode to determine the correct mode for the program case.



Languages Added (Change)

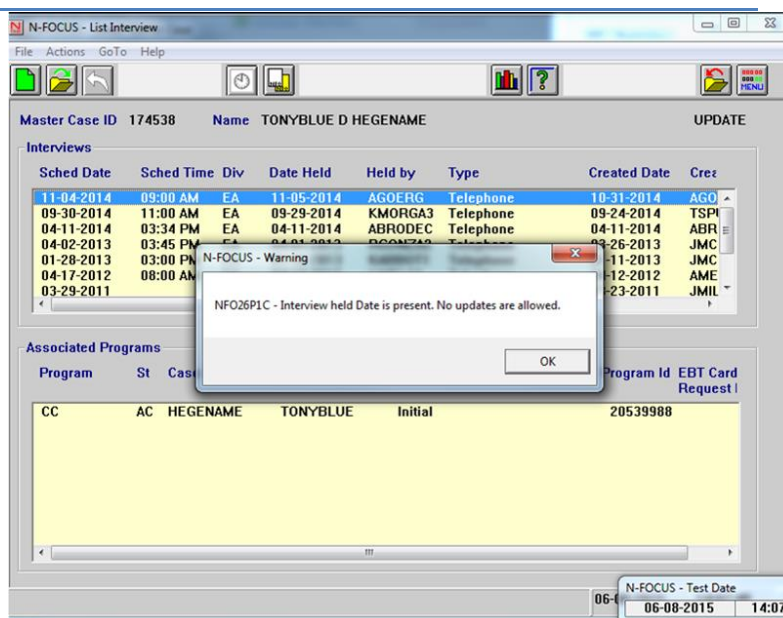
The following languages have been added to the Language fields on N-FOCUS as well as to the Online Healthcare application:

- Karen
- Karenni
- Burmese
- Nepali
- Somali
- Kurdish
- Bosnian
- Croatian
- Serbian

Interview Tracking (Change)

Held Date (Change)

No updates will be allowed to an Interview tracking if there is a Held Date.



Waived Interviews (Change)

Updates will no longer be allowed on 'Waived' Interviews.

Type – At the Client's Telephone Number (Fix)

The Interview type of 'At the client's telephone number' was not holding on rescheduled interviews. This has been fixed.

Search by Address (Tip)

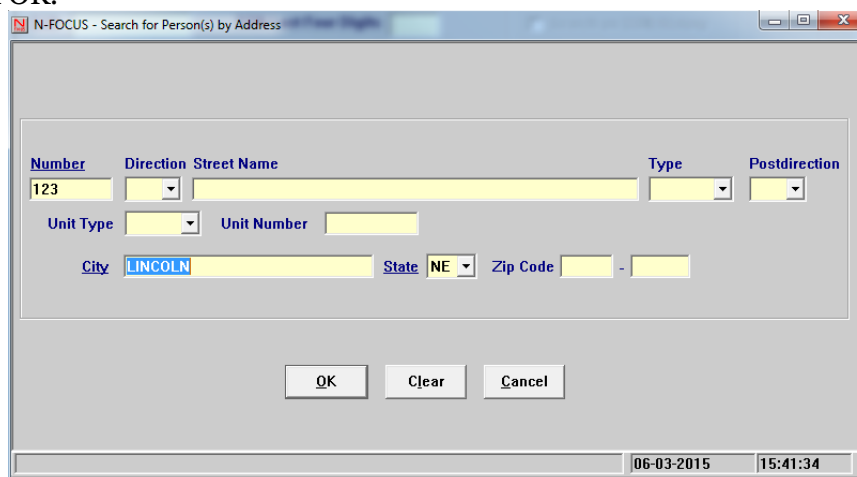
When conducting a Person Search, you can do a Partial Address search by entering the house number, City and State OR the house number, City, State and Zip Code. If you do not know the zip code and only provide the house number, City and State, the city name must be spelled correctly. This search criteria will provide a list of all of the addresses within the designated city that match what is entered in the number field.

1. From the Person Search window, click the Search by Address button.

A rectangular button with a grey border and the text "Search by Address" in a bold, black, sans-serif font.

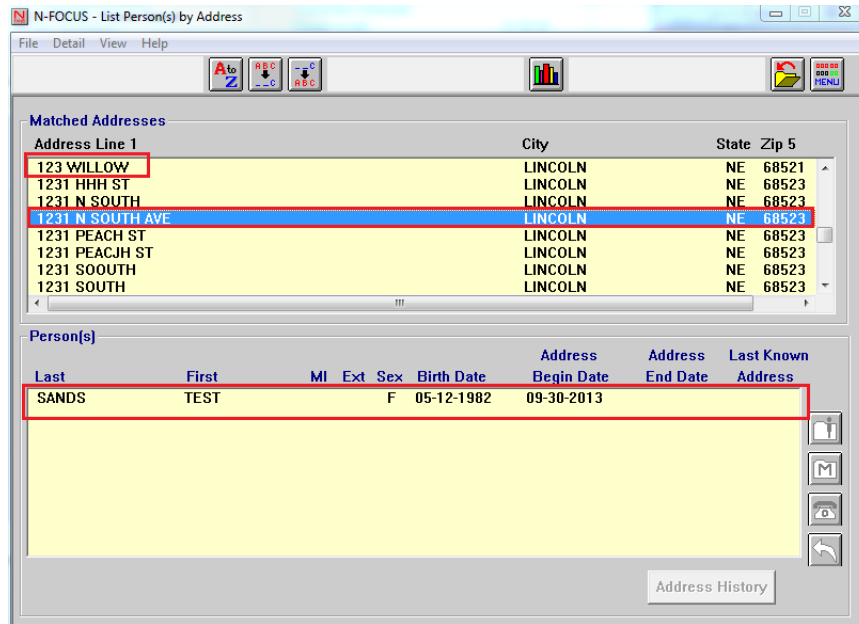
The Search for Person(s) by Address window will display.

2. Enter the search criteria.
 - a. Number, City, State – OR
 - b. Number City, State and Zip
3. Click OK.

A screenshot of a software window titled "N-FOCUS - Search for Person(s) by Address". The window has a light grey background and a standard Windows-style title bar. Inside, there are several input fields and dropdown menus. The "Number" field contains "123". The "Direction" field is a dropdown menu. The "Street Name" field is empty. The "Type" field is a dropdown menu. The "Postdirection" field is a dropdown menu. Below these, there are fields for "Unit Type", "Unit Number", "City" (containing "LINCOLN"), "State" (containing "NE"), and "Zip Code" (containing "-"). At the bottom of the window, there are three buttons: "OK", "Clear", and "Cancel". In the bottom right corner, there is a status bar showing the date "06-03-2015" and the time "15:41:34".

The List Person(s) Address window will display all of the addresses that match your search criteria.

Note: The search criteria in the Number field is 123. The results show addresses for 123 AND for addresses that begin with 123 as part of the house number.



4. Highlight the address and the Persons who live at that address will display in the Person(s) group box.

Interface

Verify Lawful Presence /SAVE (Change)

In the Verify Lawful Presence (VLP) interface on Step 2 and Step 3 Response Windows, DHS Comments, DHS Response Description and HUB Response text fields will now display if there is a message.

Tip: Often if you are not receiving a full response from VLP it is because the name we are sending does not match the name on the person's immigration documentation. Check Document Image and see if the ARP name matches that on the document. IF the name does not match, change the name in N-FOCUS (on the Person Detail window) to match the document and then resubmit to the DHS/SAVE Interface.

See the DHS Comments in the following screen prints for clarification of this change.

Verify Lawful Presence Request/Response Window – View Step 2 and 3 Response Button

N-FOCUS - Verify Lawful Presence Request/Response

File GoTo Help

Case Person
Name SERGBLUE R CORRNAME SSN 507-53-7050 SEX MALE Birth Date 12-01-1998

Request Information

Created On	Determine As of	Document Type	Alien Nbr	I-94 Nbr	S
09/16/2014 11:45:10	06/05/2014	SYSTEM GENERATED - STEP 2 REQ			
06/05/2014 08:21:41	06/05/2014	I-551 (Permanent Resident Card)	058482324		

Response Information

Lawful Presence Verified YES
Qualified Non Citizen YES
Five Year Bar Applicable PENDING
Five Year Bar Met PENDING
US Citizen N/A

Additional Response Info
Sponsorship Data
View Step 2 and 3 Response

G-845 PDF G-845 Mailed to SAVE/DHS Date Submit

06-05-2015 12:12:15

Verify Lawful Presence – Step 2 and 3 Response Window

N-FOCUS - Verify Lawful Presence - Step 2 and 3 Response

Name SERGBLUE R CORRNAME

Response Date 09/16/2014

G-845 Major Statement LAWFUL PERMANENT RESIDENT

G-845 Minor Statement

Latest Doc Expire

Status Pending

LPR Status 01/03/0001

Parole Expire

Document Revocation Employment Auth Data

Sent to Step 3

DHS Comments PLEASE REFER TO DHS DOCUMENT FOR COMPLETE LAST NAME - PERMANENT RESIDENT SINCE: 03/27/2008

DHS Response Description SUCCESS

HUB Response Text SUCCESS

OK

US Citizenship/Immigration Window

To resubmit a VLP/SAVE request after changes have been made and a full response has not been received:

- Go to the Actions Drop Down list
- Select Close Request
- Select the Submit to the DHS/SAVE Interface.

The screenshot shows the N-FOCUS - US Citizenship/Immigration application window. The title bar reads "N-FOCUS - US Citizenship/Immigration". The menu bar includes "File", "Actions", "Goto", and "Help". The toolbar contains various icons for file operations and help. The main content area is divided into several sections:

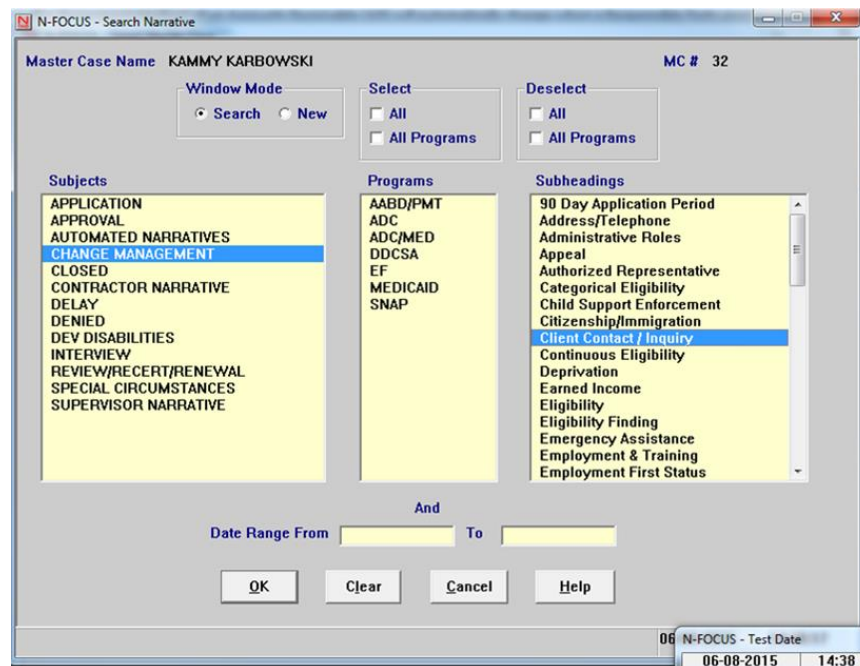
- Master Case ID:** 523653
- Name:** NORMBLUE V CORRNAME
- UPDATE** button
- Medicaid Persons:** A table with columns: Last Name, First Name, M, Ext, Birth Date, and SSN. The table contains four rows of data, with the third row highlighted in blue.
- Document Details:** A section with a "Document Type" dropdown menu set to "I-551 (Permanent Resident Card)" and a "Document Expire Date" field set to "04-11-2018". Below this is a large text area for "Alien Number" (058482324) and "Card Number" (SRC0815150820). A "Clear" button is located to the right of the text area.
- Response Status:** A dropdown menu set to "Sent to Step 3".
- Buttons:** "Submit to DHS/SAVE Interface", "Submit for Verification", and "SAVE Request History".
- Footer:** A status bar showing the date "06-05-2015" and time "12:26:01".

Last Name	First Name	M	Ext	Birth Date	SSN
CORRNAME	SERGBLUE	R		12/13/1974	XXX-XX-XXXX
CORRNAME	NORMBLUE	V		10/14/1976	XXX-XX-XXXX
CORRNAME	SERGBLUE	R		12/01/1998	XXX-XX-XXXX
CORRNAME	ANGEBLUE	A		08/25/2007	XXX-XX-XXXX

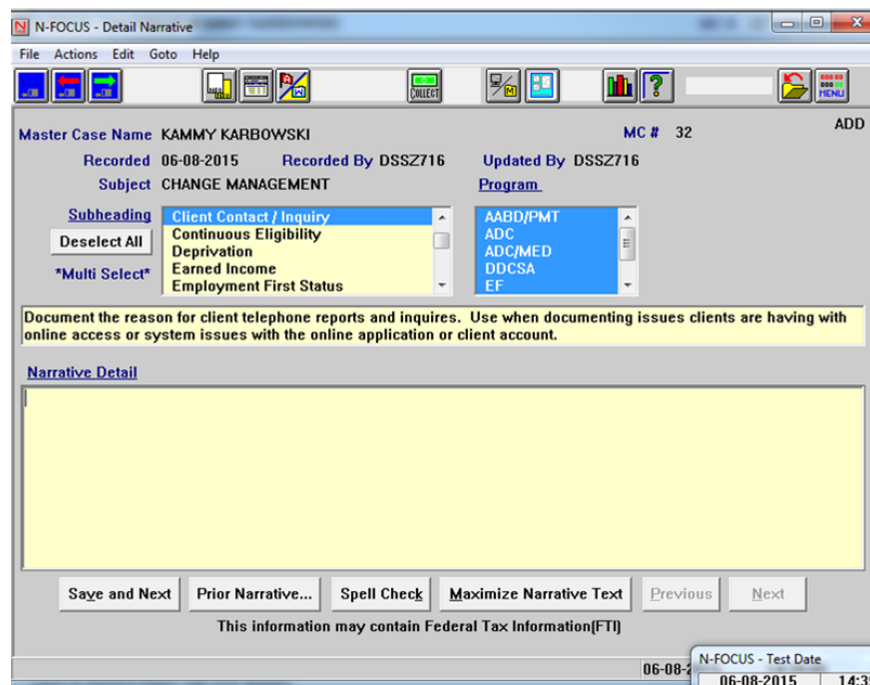
Narrative

Client Contact/Inquiry subheading added

The subheading 'Client Contact/Inquiry' has been added to the Change Management Subject heading to document the reason for client calls and reports. Also for documenting requests for client assistance with online access or system issues.



The screenshot shows the 'N-FOCUS - Search Narrative' window. The 'Master Case Name' is 'KAMMY KARBOWSKI' and 'MC #' is '32'. The 'Window Mode' is set to 'Search'. Under 'Select', 'All' and 'All Programs' are checked. Under 'Deselect', 'All' and 'All Programs' are unchecked. The 'Subjects' list includes 'CHANGE MANAGEMENT' (highlighted). The 'Programs' list includes 'AABD/PMT', 'ADC', 'ADC/MED', 'DDCSA', 'EF', 'MEDICAID', and 'SNAP'. The 'Subheadings' list includes 'Client Contact / Inquiry' (highlighted). The 'Date Range From' and 'To' fields are empty. The 'OK', 'Clear', 'Cancel', and 'Help' buttons are at the bottom. The status bar shows '06-08-2015 14:38'.



The screenshot shows the 'N-FOCUS - Detail Narrative' window. The 'Master Case Name' is 'KAMMY KARBOWSKI' and 'MC #' is '32'. The 'Recorded' date is '06-08-2015' and 'Recorded By' is 'DSSZ716'. The 'Updated By' is 'DSSZ716'. The 'Subject' is 'CHANGE MANAGEMENT'. The 'Subheading' is 'Client Contact / Inquiry'. The 'Program' is 'AABD/PMT'. The 'Deselect All' button is visible. The 'Narrative Detail' section is empty. The status bar shows '06-08-2015 14:38'.

Child Support Enforcement (New)

The subheading Child Support Enforcement has been added to the Subjects Interview and Approval attached to Child Care program cases.

The sub heading Child Support Enforcement has been moved up in the list to nearer to the beginning of the Subjects Interview and Approval attached to ADC, AABD and Medicaid program cases.

This is to prompt workers to create CHARTS Referrals when opening these program cases.

N-FOCUS - Detail Narrative

File Actions Edit Goto Help

Master Case Name BRYNN BRUSH MC # 338 ADD

Recorded 06-12-2015 Recorded By DSSZ913 Updated By DSSZ913

Subject INTERVIEW Program

Subheading Interview Date
Deselect All Interpreter
Programs Req - Interview
Deprivation
Child Support Enforcement

ADC

Narrative Detail

Save and Next Prior Narrative... Spell Check Maximize Narrative Text Previous Next

This information may contain Federal Tax Information(FTI)

06-12-2015 07:48

Correspondence

Service Needs Assessment (SNA) Correspondence (Change)

When an initial Service Authorization for SSAD Chore Only or the PASS Program is completed with the Units and Rates, the following message will display when the Save or Save and Close icon are selected on the Service Authorization Window:

SNA Correspondence to the Provider and Client should be created if not already done.

Correspondence Return Address (Change)

The following correspondence will have the return address of the Lincoln ANDI Center (Department of Health and Human Services, PO Box 85801, Lincoln NE 68501-5801) whether the case is Assigned or part of UC.

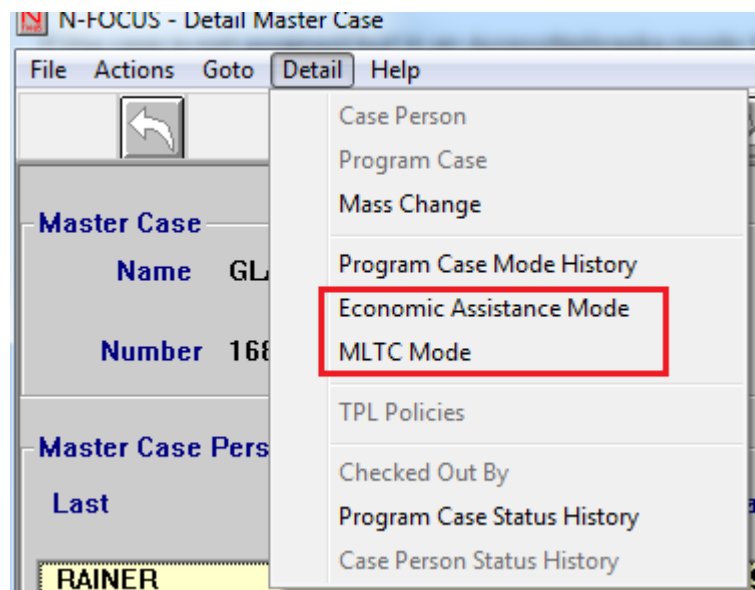
- Annuity Beneficiary Change Notice
- Copay Notice - Exclusion
- Copay Notice - Requirement
- Notice of Electronic Confirmation
- Monthly Medicaid Premium Statement
- Interview Appointment Letter - Medicaid
- Medicaid Premium Paid Ntc
- Quarterly Report Forms
- RENEWAL FORM- MAGI
- RENEWAL FORM - NON MAGI
- RENEWAL FORM - COMBINEDMAGI/NON MAGI

RENEWAL FORM NON-MAGI FORMER FOSTER CARE
 Speednote - Medicaid
 Verif - Student Financial Assistance - Medicaid
 Verif - Earned Income-Medicaid
 Verif - Financial Institution - Medicaid
 Verif - Life Insurance- Medicaid
 Verif - Unearned Income RR/Civil - Medicaid
 Verif - Unearned Income VA -Medicaid
 Agreement to Sell Real Property & Repay Asst - Med
 Request for Verification(Only for MLTC Mode)

Interview Letter Header Information (Tip)

The following provides information regarding the contact information that will display in the header section of an Interview letter:

- Interview letters show in the header the name of the person who **created the letter** if the case is assigned.
- If the case is not assigned but is in an ACCESSNebraska mode the header indicates Economic Assistance as the contact.
- If the program case is in Assigned Mode but the MASTER CASE MODE not Assigned then Economic Assistance will be the contact.



Master Case Mode can be seen on Detail Master Case under Detail.

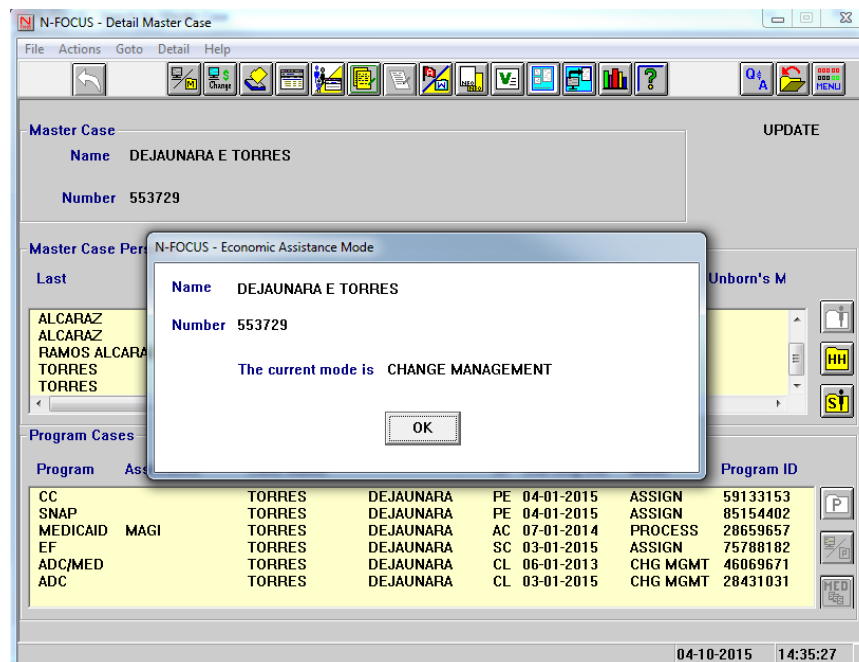
The name/title has now changed (since the split) Master Case Mode to Economic Assistance Mode and MLTC Mode.

- If all EA program cases are Assigned the EA Mode will be assigned.
- If some EA cases are assigned but if other Active or Pending or recently Closed (within 60 days) EA cases are in a Mode the Mode will trump the Assigned Status and the EA Mode will indicate a Mode (Change Management, Interview, etc.).

The header is not the only thing affected by Master Case Mode. Getting the pop-up window asking the user to Select the Worker Name only displays when Economic Assistance Mode is Assigned.



On the following page, ADC recently closes so EA Mode is Change Management.



Alerts

MLTC – Alert #466 Multiple Case Alert

This MLTC alert will no longer be created.

List Position Alerts for Additional Workers (Change)

Effective with this release, once your assignment to a Program Case ends, you should no longer receive Alerts for that Program Case.

Alert #76 Zero Remaining Units (Change)

This alert will no longer be generated for MLTC PASS Programs.

This Alert will be generated to the Assigned CFS Worker when the Service Authorization is to a Provider, the Authorization End Date is in the future and the Authorization is out of units.

The alert runs the first of the month and should run when the Service Authorization End Date is within a 30 to 60 day range.

Alert Text:

Service Authorization for [Name]'s [Service Type Short Name] [Provider Organization Name] is open and has no remaining units.

Electronic Application

ACCESSNebraska Menu Page (New)

ACCESSNebraska User Tips (New)

“ACCESSNebraska User Tips” was added to the public ACCESSNebraska site to offer suggestions and user friendly ‘tips’ on accounts, application and how to request PINs.

The screenshot shows the ACCESSNebraska website homepage. At the top, there is a navigation bar with tabs for Behavioral Health, Children & Family Services, Developmental Disabilities, Medicaid & Long Term Care, Public Health, and Veterans' Homes. Below the navigation bar, a status bar indicates the site is checked in and viewable by authorized users, with a publication start date of 2/15/2013 6:00 AM. The main content area features a welcome message, a search bar, and links to translate the page into Spanish. There are also links to enter the site in English or Spanish. The page is divided into several sections: a description of the Department of Health and Human Services, a list of services and tips for users, contact information for Medical Eligibility and Economic Assistance Customer Service, and a section for key performance measures and brochures. The brochures section includes links to ACCESSNebraska, Medicaid, Community Partners, Local Offices, Kiosk Locations, and User Tips.

BEHAVIORAL HEALTH | CHILDREN & FAMILY SERVICES | DEVELOPMENTAL DISABILITIES | MEDICAID & LONG TERM CARE | PUBLIC HEALTH | VETERANS' HOMES

Status: Checked in and viewable by authorized users. Publication Start Date: 2/15/2013 6:00 AM

Search this site...

Welcome to ACCESSNebraska

[Traducir esta página al español](#)

[ENTER in English](#) [INGRESE en Español](#)

The Department of Health and Human Services administers and manages eligibility for Medicaid and Economic Assistance programs through ACCESSNebraska.

ACCESS Nebraska

- Anyone can apply for benefits and handle their Medicaid and Economic Assistance needs on the ACCESSNebraska website from a computer anywhere, at any time. In addition customers can:
 - Submit required documents, such as financial records;
 - Update information and report changes in their household;
 - Complete renewals and reviews; and
 - View their current benefits through the website.
- ACCESSNebraska customer service staff is available:
 - By telephone from 8 a.m.-5 p.m. Monday through Friday for both Medicaid and Economic Assistance programs; and
 - Through Automated Benefit Inquiry systems, available 24 hours a day through Automated Benefit Inquiry systems, available 24 hours a day.
- The Department of Health and Human Services has local offices available for in-person assistance. Most local offices

Contact Us
8:00 am - 5:00 pm
Monday thru Friday

Medical Eligibility Customer Service
Call (855) 632-7633
Lincoln (402) 473-7000
Omaha (402) 595-1178

Economic Assistance Customer Service
Call (800) 383-4278
Lincoln (402) 323-3900
Omaha (402) 595-1258

Key Performance Measures
See how we're doing!
Updated Monthly

Brochures
[ACCESSNebraska](#)
[Medicaid](#)
[Community Partners - Partner Survey](#)
[Local Offices](#)
[Kiosk Locations](#)
[User Tips](#)

Client Forgot User ID (New)

If a client forgets their ACCESSNebraska User ID, they can now retrieve this information by answering three security questions. The client will click the Forgot User ID link and answer questions as appropriate.

When the Forgot User ID link is selected, the Forgot User ID window displays. Before security questions are provided, a search will be made for the client's Name, Date of Birth and last 4 digits of their Social Security Number. Once this match is found, the security questions will be provided.

Note: If a match is not found, the client will need to create a new account.

MLTC Online Renewal Form (Fix)

An issue with allowing a person to complete an Online Renewal form outside of established time periods has been fixed.

Expert System

Liquid Resources – Debit Card (Change)

The Liquid Resource Category type of State Debit Card has been changed to Debit Card.

Select Resource Type

Resource Category:

- Burial Resources
- Liquid Resources**
- Motor Vehicle
- Other Countable Resources
- Property

Resource:

- 401(k) Account
- Annuity Account
- Cash
- Certificates of Deposit
- Checking Account
- Debit Card**
- Deemed Sponsor Resource
- IRA
- Keogh Plan
- Life Insurance
- Mutual Funds
- Nursing Home Trust Account
- Other Liquid Resource
- Retirement Account-Job Related
- Savings Account
- Savings Bond
- Stocks/Investments
- Trust Fund

OK Cancel Help

Reconfigure ADC/TMA Due to Child's Income (Change)

A case will no longer reconfigure to ADC/TMA due to a child's income. If a parent fails a MAGI Parent Caretaker (MAGI PC) budget as a result of a child's income the MAGI PC budget will just fail and will not reconfigure to ADC/TMA. At this point the case worker would need to budget the parent as ADC/MN, as ADC/MN will only use the parent's income in the budget. (NOTE: A client may reconfigure to ADC/TMA from MN if they fail the MN budget as a result of their own income.)

In the case below Natalia (the parent) has been MAGI PC for 3 of 6 months. Kendara (her child) then gets enough income for Natalia to fail MAGI PC, note that the case did not reconfigure to ADC/TMA and just failed Natalia:

Budget Authorization Benefit Month: 2-2015

New Budgets:

Pgm Case	Program Case Name	Program Case Number
MEDICAID	ROSE	NATALIA
*+	MAGI Child 6-18	KENDARA
*+	MAGI PC-Absence	NATALIA

Previously Authorized Budgets:

Pgm Case	Program Case Name	Program Case Number
MEDICAID	ROSE	NATALIA
MAGI Child ...	KENDARA	01-01-2015 01-31-2015
MAGI PC-A...	NATALIA	01-01-2015 01-31-2015

Benefit Summary OK Cancel Help

Natalia's failed budget:

Benefit Summary		Begin Date: 2-2015	
ROSE, NATALIA		MEDICAID	MAGI PC-Absence Regular
Unearned Income	0.00	Unit Size	2
Earned Income	800.00	Net Countable Income	734.00
Gross Income	800.00	Medical Income Level	689.00
MAGI Allowable Deductions	0.00		
Total Income Before Disreg	800.00		
5% FPL Disregard	66.00		
Resource Test:	Exempt	Creation Date	01-30-2015
Income Test:	Fail		
*Income Exceeds Standards			
*This information may contain Federal Tax information (FTI)			
		OK	Help

Retro Med Review Date (Change)

When processing a Retro Med case, the pop-up requesting a Review Due date will no longer appear.

Benefit Summary (Change)

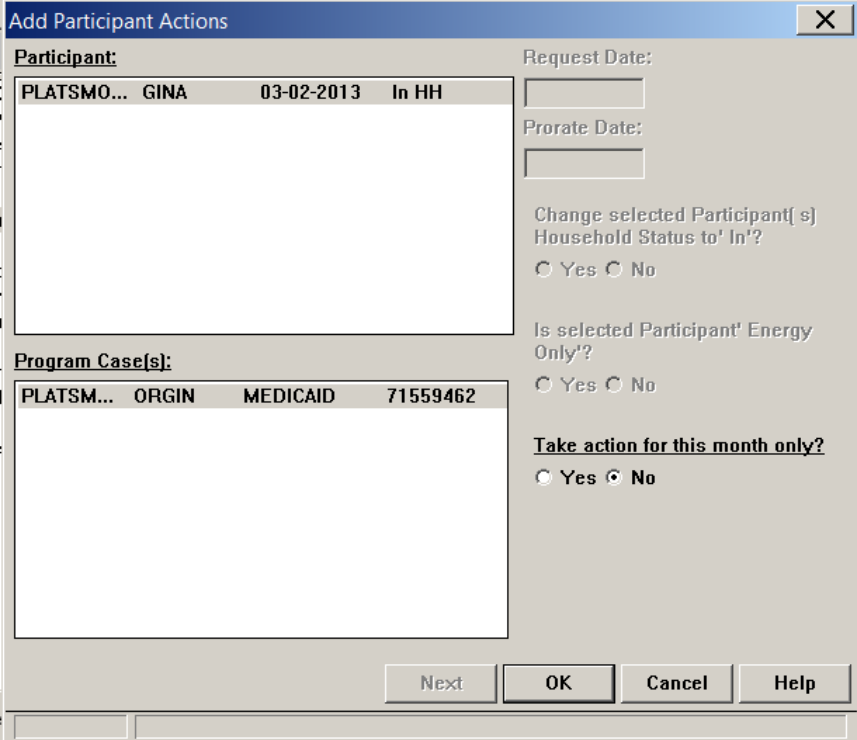
The Tax Return Year used to determine benefits will now display on the Benefit Summary.

Benefit Summary		Begin Date: 1-2015	
YOUNNAME, AMBEBLUE		MEDICAID	MAGI Child 1-5 Recalculated
Unearned Income	0.00	Unit Size	2
Earned Income	1036.00	Net Countable Income	1036.00
Gross Income	1036.00	Medical Income Level	1926.00
MAGI Allowable Deductions	0.00		
Total Income Before Disreg	1036.00		
5% FPL Disregard	0.00		
Resource Test:	Exempt	Creation Date	04-22-2015
Income Test:	Pass		
Income Compatibility Test:	Exempt		
Tax Return Year 2013			
*IRS Returned Income		** TMA Reconfig Doc **	
Would Have Passed*			
Income Verification Test:	Fail		
Earned Income Not Verified			
*This information may contain Federal Tax information (FTI)			
		OK	Help

Adding Federal Referral ID (Change)

Effective with the July Release you can add a Healthcare Marketplace Federal Referral ID for a new participant in Expert System, without tying an application. To add the Federal Referral ID follow these steps:

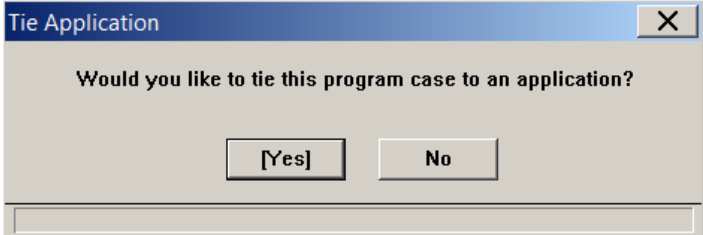
1. After a new participant is added the user is asked “Would like to tie the program case to an application?”



The 'Add Participant Actions' dialog box contains the following elements:

- Participant:** A table with one row: PLATSMO... GINA 03-02-2013 In HH.
- Program Case(s):** A table with one row: PLATSM... ORGIN MEDICAID 71559462.
- Request Date:** An empty text box.
- Prorate Date:** An empty text box.
- Change selected Participant(s) Household Status to 'In'?** Radio buttons for Yes and No.
- Is selected Participant's Energy Only?** Radio buttons for Yes and No.
- Take action for this month only?** Radio buttons for Yes and No.
- Buttons:** Next, OK, Cancel, Help.

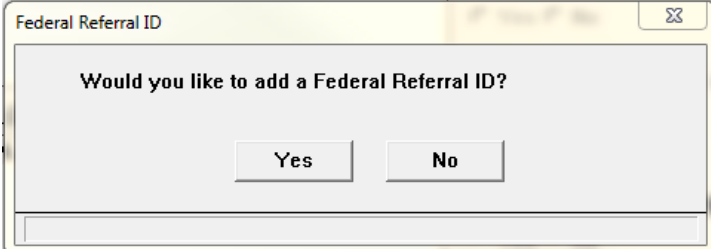
- If the program case is already tied to an application, Select No. The following question will appear, “Would you like to add a Federal Referral ID?”



The 'Tie Application' dialog box contains the following elements:

- Text:** Would you like to tie this program case to an application?
- Buttons:** [Yes], No.

- Select YES and the Add Federal Referral IDs window is presented to enter the ID number.



The 'Federal Referral ID' dialog box contains the following elements:

- Text:** Would you like to add a Federal Referral ID?
- Buttons:** Yes, No.

2. Click the Add button after entering the ID number.
3. Click OK to complete the process.

Add Federal Referral IDs

Last Name	First Name	M	SSN	Birth Date	Person No
PLATSMOOTHER	GINA		XXX-XX-3369	03-02-2013	38405610

Federal Referral ID:

Confirmed Referral IDs

Last Name	First Name	Person No	Federal Referral ID
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Renewal Notice of Action (New)

A new Notice of Action has been created that is specific to Renewals. These Notices are generated in Expert System. There are two ways to generate these Renewal Notices. Both ways are explained below.

Generating a Renewal Notice of Action via Budgeting

To generate a renewal notice you will need to run the Medicaid budget update the next review date. To accomplish this, follow these steps:

1. Highlight the Medicaid row on the Budget Authorization window.

Budget Authorization Benefit Month: 7-2015

New Budgets:

Pgm Case	Program Case Name	Elig Name	Type	Eligible	Amount	UP/OP	Ovrd.
MEDICAID	DUFRESNE	ANDY		37907054			
*+	AABD/OMB		Recalculated	Pass	0.00		

Previously Authorized Budgets:

Pgm Case	Program Case Name	Elig Name	Begin Date	End Date	Type	Elig	Amount	Issd	UP/OP	Ovrd.
MEDICAID	DUFRESNE	ANDY			37907054					
AABD/OMB			07-01-2015		Regular	Pass	0.00	Y		

The Update Case Review Date pop up window will display.

Budget Authorization Benefit Month: 7-2015

New Budgets:

Pgm Case	Program Case Name	Program Case Number	
Ass/Cat	Elig Name	Type	Eligible
MEDICAID	DUFRFSNF	ANDY	37907054

* Update Case Review Date

Program Case: MEDICAID 37907054 DUFRFSNF, ANDY

Next Review Due By: 08-31-2016
 07-31-2016
 06-30-2016
 05-31-2016
 04-30-2016
 03-31-2016
 02-29-2016
 01-31-2016
 12-31-2015
 11-30-2015
 10-31-2015
 09-30-2015

Review Due By: 06-30-2016

Is the change in review date related to a renewal? ☒ Yes ☐ No

OK Cancel

Benefit Summary OK Cancel Help

2. Change the Next Review Due By date on the Update Case Review Date window.

Note: Review dates must be one year after the current Review Due By date. Example: If your Review Due By date is 6/30/2015 that you are taking the next review date out 1 year to 6/30/2016. (Will get new window)

3. Select Yes to the question, “Is this change in review date related to a renewal.”

Note: Selecting the Next Review Due By date and answering Yes to the question “Is the change in review date related to a renewal?” will prompt the Renewal Notice. This process is very important to insure the automatic batch renewal processing is set up for next year’s renewal.

4. Click OK.

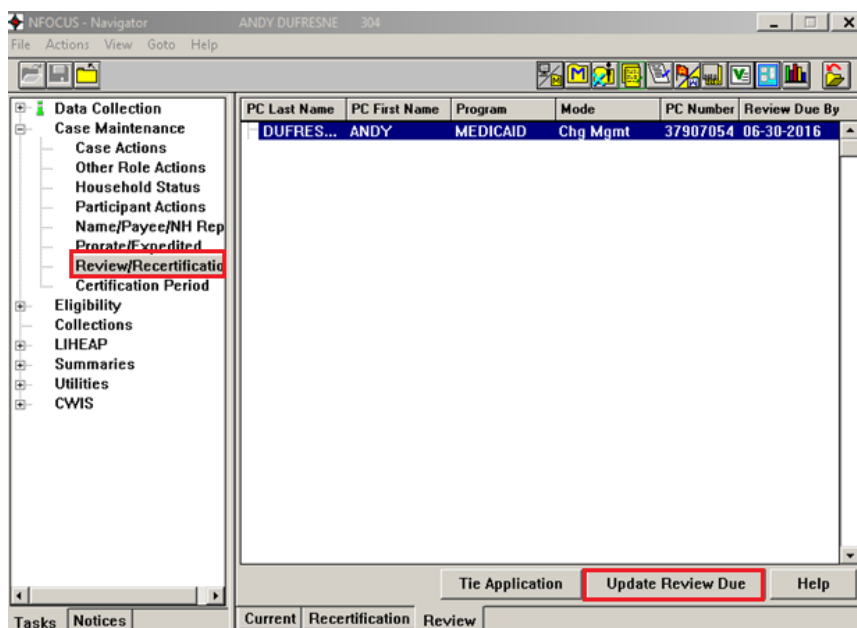
The Budget Authorization window displays.

5. Continue the budgeting process and authorize the case.

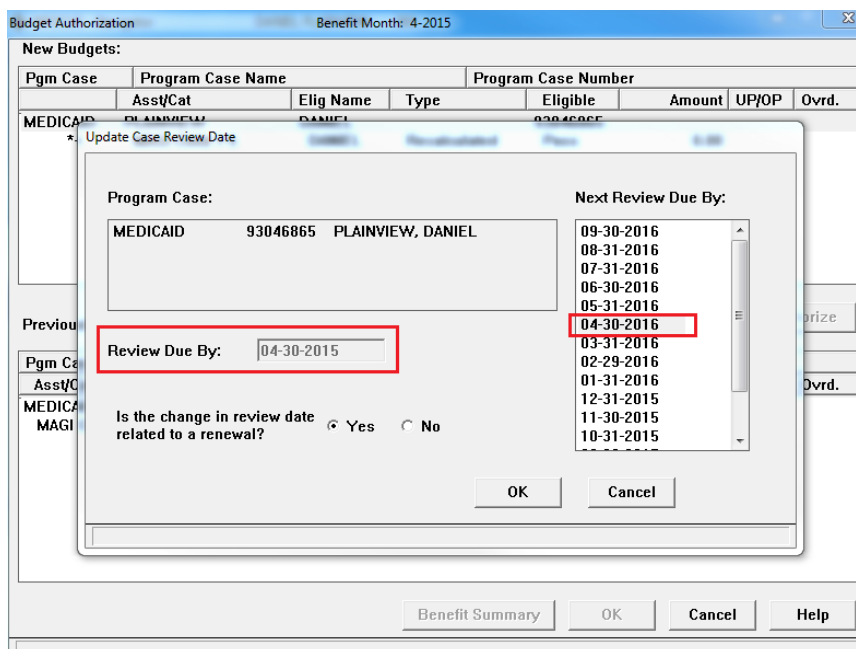
Generating a Renewal Notice of Action via Review/Recertification Task

To generate a Renewal Notice from the Review/Recertification Task, follow these steps:

1. Select the Review/Recertification Task.
2. Click the Update Review Due button.



The Update Case Review Date window will display.



3. Change the Review Date Due By date.

Note: Review dates must be one year after the current Review Due By date. Example: If your Review Due By date is 6/30/2015 that you are taking the next review date out 1 year to 6/30/2016. (Will get new window)

4. Select Yes to the question, “Is this change in review date related to a renewal?”

Note: Selecting the Next Review Due By date and answering Yes to the question “Is the change in review date related to a renewal?” will prompt the Renewal Notice. This process is very important to insure the automatic batch renewal processing is set up for next year’s renewal.

5. Click OK.

Renewal Notice of Action Text

The top part of the Notice will have language specific to the Eligibility Category. The lower part of the Notice (outlined in Red below) will display on each Renewal Notice.

NOTICE OF ACTION		
Medicaid		
A renewal of eligibility for Nebraska Medicaid Programs has been completed. You remain eligible for medical assistance. Since you are residing in an assisted living waiver facility, you must obligate \$(amount) to this facility each month for your care. This amount is in addition to your monthly room and board payment.		
<u>Individual</u>	<u>Status</u>	<u>Medicaid Number</u>
Nick Dunne	Eligible	01685003601
<div><p>Renewals are completed using either electronic data sources, existing information in the case record or new information you provided during the renewal process. You are required to inform the Department if any of the information used to renew your eligibility is inaccurate. To do so, please sign and return this notice along with verification of any changes. If all information is current and accurate, you are <u>not</u> required to sign and return this notice.</p><p> </p><p><u>*Signature</u> <u>Date</u></p></div>		

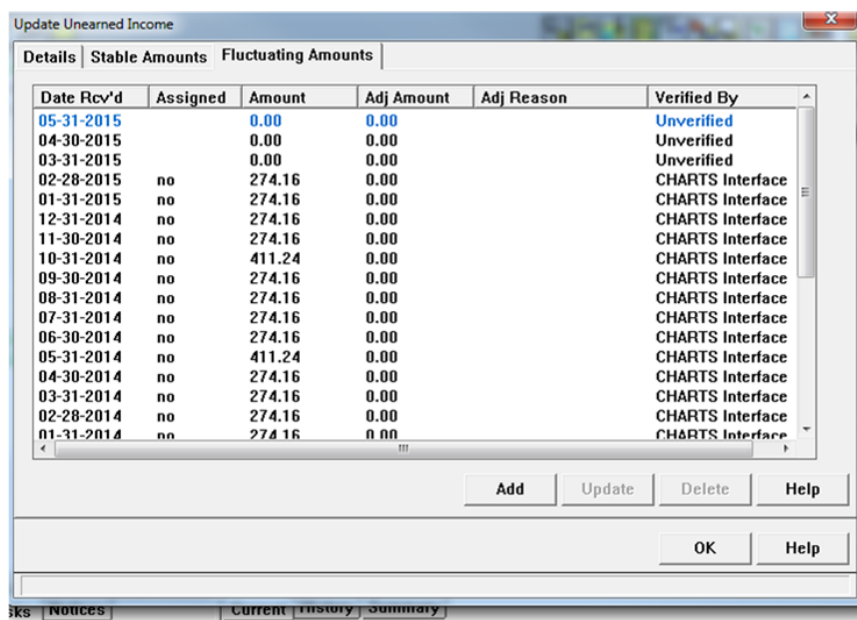
Tax Household (Fix)

The following two examples of Tax Household were not forming correctly. With this release, they have been fixed:

- The parent is a single tax filer in his own Tax Household, the parent also has a child that is a single tax filer in their own Tax Household. In this situation, N-FOCUS was previously budgeting each as a Household size of 1 (this is correct if the child is over age of 19. However, if the child was under the age of 19 NFOCUS should have been budgeting the child with non-filer rules giving the child a HH size of 2). This issue has been fixed and it is now budgeting correctly.
- Mom is married filing jointly (married to someone outside of the Household) and is claiming a child who has a biological father inside the Household. The biological father is a single tax payer and is not trying to claim the child in the Household. In this situation the child should go to non-filer rules and use relationships when budgeting. This issue has been resolved in N-FOCUS.

Unearned Income – Child Support Interface (Fix)

In certain instances the Expert System was not creating zero rows of Child Support when none was interfaced. This has been fixed.



The screenshot shows a window titled "Update Unearned Income" with a tabbed interface. The "Details" tab is selected, displaying a table with the following columns: Date Rcv'd, Assigned, Amount, Adj Amount, Adj Reason, and Verified By. The table contains 18 rows of data, with the last row partially obscured. The "Assigned" column has values "no" or "0.00". The "Amount" and "Adj Amount" columns show values like 0.00, 274.16, and 411.24. The "Verified By" column lists "Unverified" and "CHARTS Interface". At the bottom of the window are buttons for "Add", "Update", "Delete", "Help", "OK", and "Help".

Date Rcv'd	Assigned	Amount	Adj Amount	Adj Reason	Verified By
05-31-2015		0.00	0.00		Unverified
04-30-2015		0.00	0.00		Unverified
03-31-2015		0.00	0.00		Unverified
02-28-2015	no	274.16	0.00		CHARTS Interface
01-31-2015	no	274.16	0.00		CHARTS Interface
12-31-2014	no	274.16	0.00		CHARTS Interface
11-30-2014	no	274.16	0.00		CHARTS Interface
10-31-2014	no	411.24	0.00		CHARTS Interface
09-30-2014	no	274.16	0.00		CHARTS Interface
08-31-2014	no	274.16	0.00		CHARTS Interface
07-31-2014	no	274.16	0.00		CHARTS Interface
06-30-2014	no	274.16	0.00		CHARTS Interface
05-31-2014	no	411.24	0.00		CHARTS Interface
04-30-2014	no	274.16	0.00		CHARTS Interface
03-31-2014	no	274.16	0.00		CHARTS Interface
02-28-2014	no	274.16	0.00		CHARTS Interface
01-31-2014	no	274.16	0.00		CHARTS Interface

Benefit Summary (Tip)

The following information will display on the Benefit Summary to indicate data returned from the IRS hub for the income compatibility test.

- IRS Returned Income would have passed – indicates the income returned from the IRS hub was less than the FPL for the budget
- IRS Data Not Received – indicates no income has been returned from the IRS hub
- IRS Information includes SSA Income – indicates the SSA income was included and we cannot use the information to determine eligibility

- Outside of Reasonable Compatibility Threshold – indicates the IRS comparison amount is GREATER than the FPL and the income calculated in the budget is LESS (as it would be in any passed budget). The compatibility test passes if the calculated amount is within 10% of the IRS comparison amount.

N-FOCUS - Benefit Summary Begin Date: 03-2015

ALMA R ALVARO		MEDICAID	MAGI CHILD 1-5	REGULAR
		Unit Size		5
Unearned Income	0.00	Net Countable Income		638.98
Earned Income	638.98	Medical Income Level		3434.00
Gross Income	638.98			
MAGI Allowable Deductions	0.00			
Total Income Before Disreg	638.98			
5% FPL Disregard	0.00			
Resource Test:	Exempt	Creation Date		
Income Test:	Pass	02-10-2015		
Income Compatibility Test:	Exempt			
IRS Returned Income	Would Have Passed			
Income Verification Test:	Exempt			
IRS Returned Income	Would Have Passed			
*This information may contain Federal Tax information (FTI)				
OK		Help		

Self-Employment Tax Return Income (Tip)

Self-Employment Tax Returns are not to be split by division. These Tax Returns apply to both sides of the house and budgeting will apply the correct amount based on the program rules.

Do not marked them EA or MLTC.

Verification Requests (Tip)

Anyone with an Administrative Role of Case Rep or NH Rep will appear in the Send To List for a Verification Request.